



CITY OF MIDDLETON
P.O. Box 487, 6 North Dewey,
Middleton, ID 83644
208-585-3133 Fax (208) 585-9601
www.middleton.id.gov



March 31, 2015
at Middleton Middle School

Team name

Participant Information (\$10 per player)

1. First Name: _____ Last Name: _____
Phone Number: _____ e-mail: _____
2. First Name: _____ Last Name: _____
Phone Number: _____ e-mail: _____
3. First Name: _____ Last Name: _____
Phone Number: _____ e-mail: _____
4. First Name: _____ Last Name: _____
Phone Number: _____ e-mail: _____
5. First Name: _____ Last Name: _____
Phone Number: _____ e-mail: _____
6. First Name: _____ Last Name: _____
Phone Number: _____ e-mail: _____
7. First Name: _____ Last Name: _____
Phone Number: _____ e-mail: _____
8. First Name: _____ Last Name: _____
Phone Number: _____ e-mail: _____

Please bring completed form and payment to City Hall by March 27th. Participants may pay with check or cash but **ALL** fees must be received before registration is accepted.

Waiver & Release of all claims and assumption of risk

I recognize and acknowledge that there are certain risks of physical injury to participants in Last Man Standing, and I voluntarily and knowingly agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or which may accrue to me) as a result of participating in these activities against City of Middleton, including its, managers, officers and employees, the race officials, agents, volunteers, sponsors, and the owners and operators of the venue (hereinafter collectively referred to as "Administrators"). Participants registering for the race, programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. I agree that I am solely responsible for determining if I am physically fit and/or skilled for the race or activities contemplated by this Assumption and Release. It is always advisable, especially if the participant is pregnant or disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. I, for myself and my heirs, do hereby fully release and forever discharge the Administrators from any and all claims for injuries, including death or incapacity, illnesses, damages, expenses or loss that I may suffer arising out of, connected with, or in any way associated with the race, program or activities including injuries caused or associated with transportation to and from the event. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. When registering online, my online signature shall substitute for and have the same legal effect as an original form signature. PARTICIPATION WILL BE DENIED, if I have not signed this waiver before the start of the event.

1.	_____	_____	_____	_____
	Participant name	Signature	Parent or Guardian signature	Date
2.	_____	_____	_____	_____
	Participant name	Signature	Parent or Guardian signature	Date
3.	_____	_____	_____	_____
	Participant name	Signature	Parent or Guardian signature	Date
4.	_____	_____	_____	_____
	Participant name	Signature	Parent or Guardian signature	Date
5.	_____	_____	_____	_____
	Participant name	Signature	Parent or Guardian signature	Date
6.	_____	_____	_____	_____
	Participant name	Signature	Parent or Guardian signature	Date
7.	_____	_____	_____	_____
	Participant name	Signature	Parent or Guardian signature	Date
8.	_____	_____	_____	_____
	Participant name	Signature	Parent or Guardian signature	Date

If participant is playing on more than one team they must pay
the fee and fill out paperwork for each team.